



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Bland Bryant Building • Spring Grove Center
55 Wade Avenue • Catonsville, Maryland 21228

TO: Administrators of Comprehensive Care Facilities
FROM: Carol Benner, Director – Office of Health Care Quality
DATE: March 6, 2002
SUBJECT: Influenza

The current influenza season is peaking throughout the state of Maryland with numerous health care facilities being affected. Attached is a memorandum from Dr. Ross Brechner, epidemiologist for the State of Maryland, which includes guidance on issues such as surveillance, reporting, treatment and prophylaxis of influenza. Please promptly share this information with your staff including your medical director and attending physicians.

Surveyors from the Office of Health Care Quality will continue to evaluate the infection control practices of facilities include those related to influenza. Any questions should be directed to either Joseph I. Berman M.D., Medical Director – OHCQ at (410) 402-8007 or William Vaughan R.N., Chief Nurse – OHCQ at (410) 402-8140.

NH: 02-001

25 February 2002

TO: Long Term Care Facilities in Maryland

Dear Administrator:

Recently we have been made aware of some difficulties at one of the long term care facilities during this flu season. This letter is to serve as a reminder of what is included in the DHMH Guidelines for the Prevention and Control of Upper and Lower Acute Respiratory Illnesses (including influenza and Pneumonia) in Long Term Care Facilities.

I have taken the liberty to re-iterate some of these below, but this brief summary should not take the place of a thorough review of the referenced guidelines.

- Report any outbreak immediately.
- Post a visitors notification sign, and discourage ill visitors on the premises.
- Stop new admissions to the facility until three days after the onset of the most recent influenza like illness (ILI) case.
- Maintain a line listing of all ill residents or staff beginning with the onset of the first case. Have blank listings on each floor ready so that when the first case occurs, they can be easily started and maintained.
- Continue to monitor both residents and staff for possible new cases of acute febrile respiratory disease and notify, as soon as possible, the local county, municipal, or state health department of

New cases of acute febrile respiratory diseases in residents or in staff.

Hospitalizations or deaths among currently ill residents or staff.

All laboratory results of specimens submitted from ill residents or staff.

Control measures for Acute Febrile Respiratory Disease.

A. For Residents

- Observe all residents for signs/symptoms that suggest a need for physician consultation.
- Restrict any ill residents to his/her room (i.e. restrict the case from participating in group activities) until the patient no longer has active symptoms.
- Test for confirmation of the diagnosis with appropriate viral throat culture and /or rapid antigen test, bacterial throat or sputum culture, urine for legionella antigen, or consultation with a physician.

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- In an outbreak situation in your facility, chemoprophylaxis should be considered for each and every resident regardless of whether he/she has received an influenza vaccination the previous fall. Antiviral treatment is most efficacious, regardless of vaccination status, within the first 48 hours of illness when a physician suspects an influenza type A diagnosis. The Maryland Department of Health and Mental hygiene (DHMH) has determined that influenza type A is here this season.
- Treatment should be based on individual drug characteristics and the patient's clinical picture.
- Give influenza and/or pneumococcal vaccines(s) to any unvaccinated roommates of a case and to other unvaccinated residents and staff during the influenza season.
- Observe the roommates of a case and others in the facility closely for similar signs and symptoms of influenza like illness.
- Perform chest x-ray for all persons in whom pneumonia is suspected.

B. For Employees

- When a case of acute febrile respiratory disease, influenza or ILI is recognized in an employee, exclude him/her from the facility or from clinical duties until the employee is not longer symptomatic.
- Assess the influenza vaccination rate for staff.
- Assess the influenza vaccination rate for residents who have not previously received the flu vaccine since 11/01/01.
- Will collect specimens – viral throats, sputum for bacterial culture, sputum for legionella culture, urine for legionella antigen test, blood for blood cultures and acute and convalescent serology.

If there are any questions please feel free to contact your Local Health Department. You can also call me at 410-767-6700.

Sincerely

Ross Brechner, MD, MPH, MS, State Epidemiologist

Cc J. Krick

J. Roche